An Essay
on
Placenta Praevia.

Respectfully submitted to the Faculty
of the
Homœopathic Medical College
of
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By
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of
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Placenta Praevia.
and its
Different forms of Treatment.

In treating a subject it is always well to define it. I will define my subject by saying that when the Placenta in whole or in part presents at the os in place of some part of the child the case is called one of Placenta Praevia.

The great fatality attendant upon placental presentations has in past time been the stumbling block to all classes of the

Profession as well as an incentive to some untiring minds to search more fully into its nature and clear away the mystery with which it was so closely enveloped as to defy the efforts of the most distinguished men through a long series of years.

The treatment of the old school practitioners at the present time although attended with such ill results as statistics clearly prove is still clung to with great tenacity by a large class of persons who will not

be changed in their views however clearly Science proves to the contrary. Not somewhat unlike the men of more ancient time who would not believe the Earth revolved instead of the Sun, for the simple reason that their fathers believed so and why should not they.

According to the old treatment in such cases it was recommended first to plug until the os was dilated sufficiently to admit the hand, seperate the placental attachment from the uterus

rupture the membranes, turn and so expedite the labor as much as possible. What is the result of this process? the plug produces inflammation which may lead to sloughing of the parts; the turning is dangerous to both mother and child. Statistics reported by Churchill show that in 2933 cases 212 mothers died; that is 1 in 14; and in 3373 cases 1473 children were lost; being more than 1 out of every 3. And yet in the face of such undeniable proofs of its fatality the treatment is still recommended

and preserved in.

As the placenta is firmly attached to the uterus, by which the blood of the mother supplies the child there must be some communication of the vessels. When therefore the adhesion is broken hemorrhage ensues, which must necessarily be fatal unless stopped, which can only be done by something little short of a miracle; for the child being in the uterus it cannot contract upon the open sinusses and consequently produces a rapid

effusion of blood from those vessels

Let us now look into the Physiology of the case. What are the Symptoms?

The first warning which we have may take place about three weeks before the expiration of the term, at which time we will have a discharge of a bright arterial blood which cannot be mistaken for menstruation this may continue for a shorter or longer time according to the state of the female whether plethoric or anaemic. After this

she may sally but in a week or two the discharge returns, and thus it continues until the full time. All this is usually unattended with pain. But the placenta may not cover the os uteri entirely; it may be situated so as to cover only a part of the os uteri; again it may be situated entirely within the os upon the cervix: up to the time when the contractions first take the symptoms are all alike whether the placenta covers the os uteri entirely or not; but upon the

first contractions if the placenta is situated entirely over the os uteri the flooding is of a great amount, as there is a greater amount of surface of attachment broken up; the rationalle of this is plain to every one.

The diagnosis of Placenta Praevia to an educated Physician must be a matter of no doubt. In the first place we have the hemorrhage before the full time; then upon examination we find, instead of the os uteri open, it is closed

by a firm dense fibrous mass which differing from a clot in that it is not to be broken up by the finger. Some writers have said that occasionally you may be deceived by a clot, but we think that if proper care be taken in making the examination that there is no excuse for making such a mistake.

Let us now look at the rational operation as recommended by physicians educated not dogmatically but scientifically. The operation, what is it, and wherein

is it superior to the old method?

Having first ascertained the exact condition of the patient introduce the index finger of the right hand, with the convex portion of a female catheter upon its palmer surface, into the vagina; protect the extremity of the catheter; reach for the placental lobe, carrying the finger into the interlobular space; having reached the interlobular space hold the catheter firmly against the membranes until the uterus contracts, when by the

contractions the point will be forced through when the liquor amnii will be felt trickling through the catheter; then withdraw the catheter, leaving the finger within the opening for the purpose of enlarging it and also to lift the head of the child if it presses so hard upon the placenta as to stop the flow of the waters, as well as to till aside any abnormal presenting part such as the funis or arm; the proper parts of the foetus are thus brought close to the placenta, the

whole of which is pressed upon uniformly, thus preventing hemorrhage to any great extent. The aperature must now be enlarged and the os and cervix supported to prevent rupture; when the head or presenting part will fill up the opening; withdraw the finger and leave the rest to nature. The presenting part will be gradually forced into the pelvic cavity and the labor will terminate as in natural labor if there be no complications, which if there are will

necessitate turning or some other operation to render the presentation normal. The placenta usually follows the child as in ordinary cases; if not, wait until the contractions of the uterus throw it off.

Let us now see wherein this operation excels the old both in safety to child and mother, besides giving to the physician the reputation of being a skillful accoucheur. The first reason is that it restrains the hemorrhage as there is not so great a surface of the placental attachment broken up.

Secondly, it recruits the strength of the patient and gives a chance for the dilation of the os as the foetus presses upon it. Thirdly it gives no suffering to the mother and inflicts no injury to the soft parts of the mother, as no force is used except if the case turns out to be tedious from malformation. Fourthly it diminishes the risk of the foetus' death, as there are but few of the placental vessels wounded, especially if the catheter be introduced into the interlobular space. Lastly it will

give great encouragement to the young practitioner from the success attendant upon it, it not only encourages him but gives him the name of being an accomplished accoucheur, which to the young physician is all important; for as has been remarked by one who stands high in the profession, he who has not the good will of the ladies can never succeed.

Begging the kind indulgence of the Honorable Faculty as regards this my effort to meet the requisition of the College I

subscribe myself most honored
Sirs Yours Humble
Servant
George B. Smith.

Philadelphia Dec 31st. A.D. 1862.